

Calendar No. 108

110TH CONGRESS
1ST SESSION**S. 322****[Report No. 110–43]**

To establish an Indian youth telemental health demonstration project.

IN THE SENATE OF THE UNITED STATES

JANUARY 17, 2007

Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. MCCAIN, Mr. CONRAD, Mr. BINGAMAN, Mr. BAUCUS, Mr. SMITH, Mr. INOUE, and Mr. THOMAS) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

APRIL 10, 2007

Reported by Mr. DORGAN, with an amendment

[Insert the part printed in italic]

A BILL

To establish an Indian youth telemental health demonstration project.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Indian Youth Tele-
5 mental Health Demonstration Project Act of 2007”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress finds that—

3 (1) suicide for Indians and Alaska Natives is
4 2½ times higher than the national average and the
5 highest for all ethnic groups in the United States, at
6 a rate of more than 16 per 100,000 males of all age
7 groups, and 27.9 per 100,000 for males aged 15
8 through 24, according to data for 2002;

9 (2) according to national data for 2004, suicide
10 was the second-leading cause of death for Indians
11 and Alaska Natives of both sexes aged 10 through
12 34;

13 (3) the suicide rates of Indian and Alaska Na-
14 tive males aged 15 through 24 are nearly 4 times
15 greater than suicide rates of Indian and Alaska Na-
16 tive females of that age group;

17 (4)(A) 90 percent of all teens who die by sui-
18 cide suffer from a diagnosable mental illness at the
19 time of death; and

20 (B) more than ½ of the people who commit
21 suicide in Indian Country have never been seen by
22 a mental health provider;

23 (5) death rates for Indians and Alaska Natives
24 are statistically underestimated;

25 (6) suicide clustering in Indian Country affects
26 entire tribal communities; and

1 (7) since 2003, the Indian Health Service has
2 carried out a National Suicide Prevention Initiative
3 to work with Service, tribal, and urban Indian health
4 programs.

5 (b) PURPOSE.—The purpose of this Act is to author-
6 ize the Secretary to carry out a demonstration project to
7 test the use of telemental health services in suicide preven-
8 tion, intervention, and treatment of Indian youth, includ-
9 ing through—

10 (1) the use of psychotherapy, psychiatric assess-
11 ments, diagnostic interviews, therapies for mental
12 health conditions predisposing to suicide, and alcohol
13 and substance abuse treatment;

14 (2) the provision of clinical expertise to, con-
15 sultation services with, and medical advice and train-
16 ing for frontline health care providers working with
17 Indian youth;

18 (3) training and related support for community
19 leaders, family members and health and education
20 workers who work with Indian youth;

21 (4) the development of culturally-relevant edu-
22 cational materials on suicide; and

23 (5) data collection and reporting.

24 **SEC. 3. DEFINITIONS.**

25 In this Act:

1 (1) DEMONSTRATION PROJECT.—The term
2 “demonstration project” means the Indian youth
3 telemental health demonstration project authorized
4 under section 4(a).

5 (2) DEPARTMENT.—The term “Department”
6 means the Department of Health and Human Serv-
7 ices.

8 (3) INDIAN.—The term “Indian” means any in-
9 dividual who is a member of an Indian tribe or is
10 eligible for health services under the Indian Health
11 Care Improvement Act (25 U.S.C. 1601 et seq.).

12 (4) INDIAN TRIBE.—The term “Indian tribe”
13 has the meaning given the term in section 4 of the
14 Indian Self-Determination and Education Assistance
15 Act (25 U.S.C. 450b).

16 (5) SECRETARY.—The term “Secretary” means
17 the Secretary of Health and Human Services.

18 (6) SERVICE.—The term “Service” means the
19 Indian Health Service.

20 (7) TELEMENTAL HEALTH.—The term “tele-
21 mental health” means the use of electronic informa-
22 tion and telecommunications technologies to support
23 long distance mental health care, patient and profes-
24 sional-related education, public health, and health
25 administration.

1 (8) TRIBAL ORGANIZATION.—The term “tribal
2 organization” has the meaning given the term in
3 section 4 of the Indian Self-Determination and Edu-
4 cation Assistance Act (25 U.S.C. 450b).

5 **SEC. 4. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRA-**
6 **TION PROJECT.**

7 (a) AUTHORIZATION.—

8 (1) IN GENERAL.—The Secretary is authorized
9 to carry out a demonstration project to award grants
10 for the provision of telemental health services to In-
11 dian youth who—

12 (A) have expressed suicidal ideas;

13 (B) have attempted suicide; or

14 (C) have mental health conditions that in-
15 crease or could increase the risk of suicide.

16 (2) ELIGIBILITY FOR GRANTS.—Grants de-
17 scribed in paragraph (1) shall be awarded to Indian
18 tribes and tribal organizations that operate 1 or
19 more facilities—

20 (A) located in Alaska and part of the Alas-
21 ka Federal Health Care Access Network;

22 (B) reporting active clinical telehealth ca-
23 pabilities; or

24 (C) offering school-based telemental health
25 services relating to psychiatry to Indian youth.

1 (3) GRANT PERIOD.—The Secretary shall
2 award grants under this section for a period of up
3 to 4 years.

4 (4) MAXIMUM NUMBER OF GRANTS.—Not more
5 than 5 grants shall be provided under paragraph
6 (1), with priority consideration given to Indian tribes
7 and tribal organizations that—

8 (A) serve a particular community or geo-
9 graphic area in which there is a demonstrated
10 need to address Indian youth suicide;

11 (B) enter into collaborative partnerships
12 with Service or other tribal health programs or
13 facilities to provide services under this dem-
14 onstration project;

15 (C) serve an isolated community or geo-
16 graphic area which has limited or no access to
17 behavioral health services; or

18 (D) operate a detention facility at which
19 Indian youth are detained.

20 (b) USE OF FUNDS.—

21 (1) IN GENERAL.—An Indian tribe or tribal or-
22 ganization shall use a grant received under sub-
23 section (a) for the following purposes:

24 (A) To provide telemental health services
25 to Indian youth, including the provision of—

- 1 (i) psychotherapy;
- 2 (ii) psychiatric assessments and diag-
- 3 nostic interviews, therapies for mental
- 4 health conditions predisposing to suicide,
- 5 and treatment; and
- 6 (iii) alcohol and substance abuse
- 7 treatment.

8 (B) To provide clinician-interactive medical
 9 advice, guidance and training, assistance in di-
 10 agnosis and interpretation, crisis counseling and
 11 intervention, and related assistance to Service
 12 or tribal clinicians and health services providers
 13 working with youth being served under the
 14 demonstration project.

15 (C) To assist, educate, and train commu-
 16 nity leaders, health education professionals and
 17 paraprofessionals, tribal outreach workers, and
 18 family members who work with the youth re-
 19 ceiving telemental health services under the
 20 demonstration project, including with identifica-
 21 tion of suicidal tendencies, crisis intervention
 22 and suicide prevention, emergency skill develop-
 23 ment, and building and expanding networks
 24 among those individuals and with State and
 25 local health services providers.

1 (D) To develop and distribute culturally-
 2 appropriate community educational materials
 3 on—

4 (i) suicide prevention;

5 (ii) suicide education;

6 (iii) suicide screening;

7 (iv) suicide intervention; and

8 (v) ways to mobilize communities with
 9 respect to the identification of risk factors
 10 for suicide.

11 (E) To conduct data collection and report-
 12 ing relating to Indian youth suicide prevention
 13 efforts.

14 (2) TRADITIONAL HEALTH CARE PRACTICES.—

15 In carrying out the purposes described in paragraph
 16 (1), an Indian tribe or tribal organization may use
 17 and promote the traditional health care practices of
 18 the Indian tribes of the youth to be served.

19 (c) APPLICATIONS.—To be eligible to receive a grant
 20 under subsection (a), an Indian tribe or tribal organization
 21 shall prepare and submit to the Secretary an application,
 22 at such time, in such manner, and containing such infor-
 23 mation as the Secretary may require, including—

1 (1) a description of the project that the Indian
2 tribe or tribal organization will carry out using the
3 funds provided under the grant;

4 (2) a description of the manner in which the
5 project funded under the grant would—

6 (A) meet the telemental health care needs
7 of the Indian youth population to be served by
8 the project; or

9 (B) improve the access of the Indian youth
10 population to be served to suicide prevention
11 and treatment services;

12 (3) evidence of support for the project from the
13 local community to be served by the project;

14 (4) a description of how the families and leader-
15 ship of the communities or populations to be served
16 by the project would be involved in the development
17 and ongoing operations of the project;

18 (5) a plan to involve the tribal community of
19 the youth who are provided services by the project
20 in planning and evaluating the mental health care
21 and suicide prevention efforts provided, in order to
22 ensure the integration of community, clinical, envi-
23 ronmental, and cultural components of the treat-
24 ment; and

1 (6) a plan for sustaining the project after Fed-
2 eral assistance for the demonstration project has ter-
3 minated.

4 (d) COLLABORATION.—The Secretary, acting
5 through the Service, shall encourage Indian tribes and
6 tribal organizations receiving grants under this section to
7 collaborate to enable comparisons about best practices
8 across projects.

9 (e) ANNUAL REPORT.—Each grant recipient shall
10 submit to the Secretary an annual report that—

11 (1) describes the number of telemental health
12 services provided; and

13 (2) includes any other information that the Sec-
14 retary may require.

15 (f) REPORT TO CONGRESS.—Not later than 270 days
16 after the date of termination of the demonstration project,
17 the Secretary shall submit to the Committee on Indian Af-
18 fairs of the Senate and the Committee on *Natural* Re-
19 sources and the Committee on Energy and Commerce of
20 the House of Representatives a final report that—

21 (1) describes the results of the projects funded
22 by grants awarded under this section, including any
23 data available that indicate the number of attempted
24 suicides;

1 (2) evaluates the impact of the telemental
2 health services funded by the grants in reducing the
3 number of completed suicides among Indian youth;

4 (3) evaluates whether the demonstration project
5 should be—

6 (A) expanded to provide more than 5
7 grants; and

8 (B) designated a permanent program; and

9 (4) evaluates the benefits of expanding the
10 demonstration project to include urban Indian orga-
11 nizations.

12 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated to carry out this section
14 \$1,500,000 for each of fiscal years 2008 through 2011.

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